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|--|---|--|-------|------------|
| <b>SCC eFile</b>   | <b>2014 ANNUAL REPORT</b><br><b>COMMONWEALTH OF VIRGINIA</b><br><b>STATE CORPORATION COMMISSION</b> | 214513403  |       |            |
| 1.) CORPORATION NAME: <b>COMMUNITY HOUSING PARTNERS CORPORATION</b>  |   |  |       |            |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>JANAKA CASPER</b><br><b>448 DEPOT STREET NE</b><br><b>CHRISTIANSBURG, VA</b>  |   | DUE DATE: <b>3/31/2014</b><br><br>SCC ID NO: <b>01930528</b><br><br>5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> | CLASS | AUTHORIZED |
| CLASS  | AUTHORIZED  |  |       |            |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>MONTGOMERY COUNTY</b>  |   |  |       |            |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   |  |       |            |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br><div style="text-align: center;">             ADDRESS: 448 DEPOT STREET NE<br/><br/>             CITY/ST/ZIP: CHRISTIANSBURG, VA 24073           </div> |   |  |       |            |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.                                |   |  |       |            |
| NAME: JANAKA CASPER<br>TITLE: PRESIDENT<br>ADDRESS: 448 DEPOT STREET NE<br>CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073  | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR                       |  |       |            |
| NAME: ORLANDO ARTZE<br>TITLE: VICE PRESIDENT<br>ADDRESS: 4915 RADFORD AVE, STE 300<br>CITY/ST/ZIP/CO: RICHMOND, VA 23230   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR                       |  |       |            |
| NAME: JEFFREY K REED<br>TITLE: SEC/TREASURER<br>ADDRESS: 448 DEPOT STREET NE<br>CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR                       |  |       |            |
| NAME: KAREN TURNER<br>TITLE: CHAIRMAN<br>ADDRESS: 6960 CAMPBELL DRIVE<br>CITY/ST/ZIP/CO: SALEM, VA 24153   | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |  |       |            |
| NAME: MALCOLM BATES<br>TITLE: DIRECTOR<br>ADDRESS: 6606 WEST BROAD STREET<br>CITY/ST/ZIP/CO: RICHMOND, VA 23230  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR                       |  |       |            |
| NAME: GRETA HARRIS<br>TITLE: DIRECTOR<br>ADDRESS: BETTER HOUSING COALITION 23<br>WEST BROAD ST, SUITE 100<br>CITY/ST/ZIP/CO: RICHMOND, VA 23241  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR                       |  |       |            |

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| NAME:   | REV JAMES HARRISON                   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:  | DIRECTOR                             |   |  |
| ADDRESS:  | P.O. BOX 355                         |   |  |
| CITY/ST/ZIP/CO:   | SMITHFIELD, VA 23883                 |   |  |
| NAME:   | KEITH HAYES                          | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:  | DIRECTOR                             |   |  |
| ADDRESS:  | 13009 HOLLY VIEW TERRACE             |   |  |
| CITY/ST/ZIP/CO:   | MIDLOTHIAN, VA 23112                 |   |  |
| NAME:   | ANDY MORIKAWA                        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:  | VICE CHAIRMAN                        |   |  |
| ADDRESS:  | 1505 WESTOVER DR.                    |   |  |
| CITY/ST/ZIP/CO:   | BLACKSBURG, VA 24060                 |   |  |
| NAME:   | RENEE CALLAHAN                       | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:  | DIRECTOR                             |   |  |
| ADDRESS:  | 530 NORTH TRADE ST                   |   |  |
| CITY/ST/ZIP/CO:   | SUITE 301<br>WINSTON-SALEM, NC 27101 |   |  |
| NAME:   | GARDNER CAMPBELL                     | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:  | DIRECTOR                             |   |  |
| ADDRESS:  | 8205 YOLANDA ROAD                    |   |  |
| CITY/ST/ZIP/CO:   | HENRICO, VA 23229                    |   |  |
| NAME:   | JOHN GARLAND                         | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:  | DIRECTOR                             |   |  |
| ADDRESS:  | 1050 HAWTHORNE HALL ROAD             |   |  |
| CITY/ST/ZIP/CO:   | FINCASTLE, VA 24090                  |   |  |
| NAME:   | ANDY HALL                            | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:  | DIRECTOR                             |   |  |
| ADDRESS:  | 801 KENTWOOD DRIVE                   |   |  |
| CITY/ST/ZIP/CO:   | BLACKSBURG, VA 24060                 |   |  |
| NAME:   | ANDREW MCCOY                         | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:  | DIRECTOR                             |   |  |
| ADDRESS:  | 707 MONTGOMERY STREET                |   |  |
| CITY/ST/ZIP/CO:   | BLACKSBURG, VA 24060                 |   |  |
| NAME:   | SHAWN MCMAHON                        | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:  | DIRECTOR                             |   |  |
| ADDRESS:  | 10 SOUTH JEFFERSON ST                |   |  |
| CITY/ST/ZIP/CO:   | SUITE 1700<br>ROANOKE, VA 24011      |   |  |
| NAME:   | JOHN RANDOLPH                        | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:  | DIRECTOR                             |   |  |
| ADDRESS:  | 1100 WILLARD DRIVE                   |   |  |
| CITY/ST/ZIP/CO:   | BLACKSBURG, VA 24060                 |   |  |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. |                                      |   |  |
| /s/ JANAKA CASPER   | JANAKA CASPER, PRESIDENT             | 3/13/2014                                   |  |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | PRINTED NAME AND CORPORATE TITLE     | DATE  |  |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.